STATE OF NEVADA
AGING AND DISABILITY SERVICES DIVISION

SERVICE SPECIFICATIONS
GERIATRIC HEALTH AND WELLNESS SERVICES

Any exceptions to these Service Specifications must be requested in writing and approved by the Deputy Administrator of the Aging and Disability Services Division.

PURPOSE:

To promote quality of service, the Aging and Disability Services Division (ADSD) has established service specifications that contain general guidelines. The service specifications that each grantee must follow consist of GENERAL REQUIREMENTS and PROGRAM-SPECIFIC REQUIREMENTS established for each type of funded service.

SERVICE DEFINITION:

Geriatric Health and Wellness Services provide access to a comprehensive health/medical screening or assessment. Other services that may be provided include primary health care, health education and wellness services, geriatric care management, medication management, and Internet health services*. Patients with suspected dementia may also access a comprehensive social evaluation.*

SERVICE CATEGORIES AND UNIT MEASURES

Health Screening: May consist of one of the following services:

A. Access to primary health care, including a comprehensive physical exam, an assessment of body systems, a medical history review, baseline lab tests and counseling to patients to assist them in maintaining their health.

B. Access to Internet health assessment tools, health education information and access to health-related services, such as prescription programs and other health education resources. (Internet programs are unable to assess a patient's individual medical information.)

C. Access to other self-assessment tools intended to educate individuals about their level of risk and need for geriatric medical services.

One unit equals*:*

- ***One health-screening visit or self-assessment***
- ***One wellness service***
- ***One Internet visit***

Direct Patient Care for Medical Programs: Primary health care may include diagnosis, treatment and management of medical services, referral to specialists when indicated, and counseling patients regarding management of medical or related conditions.

One unit equals:

- ***One primary care, case management, follow-up, or reassessment visit***
- ***One health screening or testing***
- ***One person-to-person consultation and/or referral***
- ***One procedure***

Geriatric Assessment and Care Management: Provides an evaluation of medical and social problems focusing on improvement of physical and/or social functioning and reducing disability, includes the development of a medical action plan and advocating that the plan is carried out.

One unit equals one hour of assessment, planning and/or care management service

Health Education: Provides health care professionals, students, clients and/or caregivers with education and training in geriatric health issues, techniques and/or trends to promote maintaining good health practices for seniors, with emphasis on minority seniors and those living in rural areas.

One unit equals:

- ***One hour of training/educational meeting (including preparation time) in a group setting***
- ***One face-to-face session***
- ***One Internet session***
- ***One written communication to a medical professional***

Medication Management: May include one or more of the following:

- An evaluation of the combination of any number of medications (prescription, over-the-counter, herbal remedies, and vitamin and mineral supplements).
- The organization of medications for a daily, weekly, or monthly duration of time.
- A contact with a client for medication management consultation, education, or follow-up purposes.

One unit equals:

- ***One evaluation from a doctor or pharmacist comparing any number of medications, herbal remedy, or vitamin/mineral supplements with appropriate education for the usage of medications***
- ***One visit to organize medication(s) for a daily, weekly, or monthly duration of time, with appropriate education for the usage of medications***
- ***A contact with a client for medication management consultation, education, or follow-up purposes***

GENERAL REQUIREMENTS:

A. Pursuant to NRS 632.005-632.500, grantees must meet all applicable statutes pertaining to nursing.

B. Pursuant to NRS 630.003-630.411, grantees must meet all applicable statutes pertaining to physicians and assistants.

C. Pursuant to NRS 641.010-641C.950, grantees must meet all applicable statutes pertaining to psychologists, therapists, social workers, counselors and related professions.

D. Grantees must develop a system to bill Medicare or other health insurance plans for covered services, as ADSD grant funding is the payer of last resort.

E. Grantees should collaborate with entities, such as public health authorities, health education programs (i.e., nursing or medical residency programs) and diagnostic laboratories in the provision of healthcare services, to help ensure quality of care and reduce costs.

SPECIFICATIONS:

1. Required Services:

1.1 For direct client services, provide patients with the opportunity to receive an annual physical exam.

1.1.a A physical exam must include at a minimum: a general assessment of body systems, review of past medical history, baseline lab tests, and a treatment plan, if needed.

1.2 For an Internet program, provide an Internet assessment tool that enables the client to query health questions and to obtain resource information.

1.3 For other programs, provide a self-assessment tool that educates individuals about their level of risk and need for geriatric medical services.

1.4 For a medication management program, counseling and education must be provided to assist clients with the evaluation of medications and to help with organizing medications.

1.5 For health education program:

1.5.a Establish a task force comprised of health professionals, which includes minority professionals. The task force should assist in identifying health care issues, assist with outreach to minority seniors and those seniors living in rural areas and assist with evaluation and planning.

1.5.b Establish a referral process to other agencies when health education services cannot be provided to clients.

1.5.c Develop an annual plan on proposed health education sessions prior to the start of a new grant year. The plan should include topics, proposed target group or individuals, proposed schedule/timeline and proposed general community sessions.

2. Optional Services:

2.1 Provide the following primary health care services: Perform health screenings and lab tests based on the patient's presenting problem, develop treatment plans for problems identified as a result of physical examinations, manage stable chronic illnesses, treat minor acute illnesses, provide referrals to specialists when indicated, and provide counseling to patients to assist them in managing their health.

2.2 Provide health promotion through education/training and wellness activities to seniors, caregivers, health care professionals and/or medical students on health topics that affect the elderly such as dietary counseling, prevention of heart disease or stroke, cancer, hormone replacement, the prevention of falls, and medication management.

2.3 Develop support groups, or arrange for support groups.

3. Documentation Requirements:

3.1 Primary care programs shall establish individual patient charts indicating the results of the physical exam and any other specialized services received by the patient.

3.2 Internet programs shall maintain information by establishing anonymous client files that record basic client information and visits to the site, or programs that provide self-assessment tools shall maintain records of the numbers of tools completed.

3.3 Programs that provide training and education to health care professionals, students, caregivers and/or clients shall maintain records of attendance at group sessions and appropriate documentation of one-on-one training sessions. Documentation shall include the date of training; topic presented; name and title of presenter; and the number of individuals in attendance.

3.4 Programs that provide geriatric assessments and care management shall maintain individual client files that include results of assessments, medical action plans and follow-up notes.

4. Operating Procedures for Direct Client Services:

4.1 Establish a scheduling system that maximizes utilization of available patient appointments.

4.2 Provide referral assistance to all patients who require medical consultation and care beyond the scope of services offered by the program.

4.3 Establish a system to ensure that there is follow-up on all lab tests and all referral assistance provided to patients.

4.4 Establish written medical protocols for the health services provided by Advanced Practitioners of Nursing.

4.5 Qualified health educators must be used to teach each health education activity. Copies of all instructors' resumes must be maintained by the program.

5. Quality Improvement/Performance Indicators:

5.1 Conduct at least one internal quality assurance review annually. The review must evaluate the quality of medical service provided by the program and the adequacy of documentation. The results of the review must document any program deficiencies and contain a plan of correction.

For direct client care, conduct a combined quality assurance and performance indicator survey to evaluate the quality of medical health service provided by the program, client satisfaction and client outcome wellness indicators. A six-month follow-up survey will be completed to assess health outcomes. For programs serving large client populations, a sample survey is acceptable with the approval of the Division.

5.2 For Internet programs, the programs will conduct an initial survey of performance indicator questions at the time of registration and conduct six-month follow-up surveys using questions approved by the Division.

5.3 Programs that provide other self-assessment tools must conduct a sample survey on an annual basis to determine whether the tool improved the health and/or quality of life of the users.

5.4 Programs that provide training and education to health care professionals, students, caregivers and/or clients must develop an evaluation tool for use by participants in group sessions, and a follow-up survey for individuals involved in one-on-one sessions.

5.4.1 Programs that contract for health education services must develop criteria to evaluate the performance of the contractor.

5.5 Programs that provide geriatric assessments and care management must conduct a combined quality assurance and performance indicator survey to evaluate the quality of service provided by the program, client satisfaction and client outcome wellness indicators. A six-month follow-up survey must be completed to assess health outcomes.

6. Special Compliance Requirements:

6.1 Grantee must have current commercial and professional liability coverage as appropriate.

6.2 Grantees providing medical services may choose to use legal representation to handle client complaints instead of establishing grievance procedures, as required under the General Requirements Service Specifications.

The following section on evidence-based programming applies to grantees that receive federal Older Americans Act, Title III-D funding.

EVIDENCE-BASED HEALTH PROMOTION DISEASE PREVENTION PROGRAMS

SERVICE DEFINITION:

This service provides education and implementation activities that support healthy lifestyles and promote healthy behaviors for eligible seniors age 60 and over. Evidence-based disease prevention is the utilization of clinically tested and proven tools and behavioral changes to manage an individual's health and disease. **Evidence-based prevention programs** take place at the community level to help participants avoid hospitalizations and unnecessary physician visits. Evidence-based health promotion programs reduce the need for more costly medical interventions. Priority is given to serving elders living in medically underserved areas of the State or who are of greatest economic need.

SERVICE CATEGORIES AND UNIT MEASURES:

Evidence-Based Programs and Practices: A requirement for service for older individuals that:

Provides individuals with evidence-based education and activities that support healthy lifestyles and promote healthy behaviors with fidelity.

One unit equals:

- ***One hour of training/education (including preparation time) in an individual or group setting***
- ***One face-to-face session***
- ***One documented and approved Internet session***

SPECIFICATIONS:

1. Evidence-based Criteria:

    1.1 Proven effective with older adult population, using Experimental or Quasi-Experimental Design; *and*

    1.2 Fully translated in one or more community site(s); *and*

    1.3 Includes developed dissemination products that are available to the public.

    1.4 Research Results published in a peer–review journal; *and*

    1.5 Demonstrated through evaluation to be effective for improving the health and well being or reducing disease, disability and/or injury among older adults.

2. Eligibility

    2.1 Eligibility may be specific to the evidenced-based program or service delivered.

3. Service Prohibitions:

    3.1 Staff shall not accept tips, gifts, fees or loans from clients.

    3.2 Staff must refer suspected elder abuse to the appropriate agency within 24 hours.

4. Documentation Requirements:

    4.1 Maintain individual client records which document:

        4.1.a Summary of the client's problem or need;

        4.1.b A chronological summary of actions taken to assist the client, including information, referral and evidence based program provided(s) provided;

        4.1.c Conduct follow-up to determine how the program assisted seniors to avoid acute health care situations, emergency room visits or long-term care.

5. Operating Procedures:

    5.1 Establish a procedure to accept requests for assistance in-person or by phone.

    5.2 Establish a written action plan to process client requests.

    5.3 A waiting list is to be established only after all measures for improving the efficiency of the service delivery system have been examined and, when feasible, implemented. Grantees are required to establish a waiting list policy that will be activated in the event that demand for service exceeds the program's capacity. Waiting list documentation must include at a minimum:

5.3.a Client's name, address, and telephone number;

5.3.b Date the client was placed on the waiting list; and

5.3.c Description of each client's need for service.

5.3.d Clients with the greatest needs are to receive priority consideration. The program will define "greatest need." The program must establish a procedure for updating the continued service needs of clients placed on the waiting list.

6. Quality Improvement:

6.1 The program shall establish an annual method to determine consumer satisfaction with service through questionnaires or some other means. The results of the quality improvement review must document any program deficiencies and contain a plan of correction.